NORTH CAROLINA
AGING AND DISABILITY RESOURCE CONNECTIONS (ADRC)
COMMUNITY READINESS ASSESSMENT TOOL

Collaborative & Collaborative Operating Entity:

Collaborative is defined as a group working on the same task simultaneously involving joint intellectual thinking to find creative solutions to the demands and complexities of the task.

The term **"Collaborative"** is used in this document to define a group of agencies/organizations committed to the development of an ADRC for delivering public awareness, information, referral, assistance, and access to consumers about the array of long-term services and supports.

Collaborative Operating Entity (COE) is used in this document to define the individual organizations/agencies (whether physical or virtual) making up the Collaborative; the majority of which will be responsible for delivering the required ADRC functions on behalf of the Collaborative.

1. List all organizations that are or will be participating in the Collaborative to establish a Community ADRC *(check all that apply):*

   - ❐ 2-1-1 and/or any Information & Referral Program
   - ❐ Adult Day Services
   - ❐ Alzheimer's Association
   - ❐ Area Agency on Aging
   - ❐ Center for Independent Living
   - ❐ Local Community Action Agency
   - ❐ Community Colleges
   - ❐ Community Care Network
   - ❐ County and Local Emergency Management Agencies (police, fire, rescue)
   - ❐ Council on or Department of Aging

   - ❐ Division of Services for the Deaf and Hard of Hearing
   - ❐ Department of Social Services
   - ❐ Developmental Disabilities Agencies
   - ❐ Division of Vocational Rehabilitation Services/ Independent Living
   - ❐ Division of Services for the Blind
   - ❐ Faith-based Organizations
   - ❐ Financial Planners
   - ❐ Local Lead Agency for SHIIP
   - ❐ Mental Health Organization /Agencies

   - ❐ Family Support Network
   - ❐ Home Care and/or Health Care Agency
   - ❐ Hospice Agencies
   - ❐ Hospitals
   - ❐ Housing Agencies/ Authorities
   - ❐ Legal Services
   - ❐ Local Management Entity (LME)
   - ❐ Long-Term Care Provider
   - ❐ Cooperative Extension
   - ❐ Local Government Representatives
   - ❐ Parks & Recreation Department

   - ❐ Public Library
   - ❐ Public School System
   - ❐ Senior Center
   - ❐ Social Security Administration (local office)
   - ❐ Specialized Advocacy Groups EX: AARP, NCDAN ,etc.
   - ❐ Transportation Agencies
   - ❐ United Way
   - ❐ Veterans Administration
   - ❐ Other _____
   - ❐ Other _____
   - ❐ Other _____
   - ❐ Other _____
   - ❐ Other _____
   - ❐ Other _____

Collaborative & Collaborative Operating Entity (continued)

2. The collaborative is working to establish partnerships among the identified organizations through agreements such as Memoranda of Understandings (MOU) to perform ADRC functions. ❏ Yes ❏No
   If Yes, list the organizations where a written agreement/MOU is <u>already</u> in place:

   _____

   _____

3. List the geographic area(s) the proposed ADRC will serve:

   _____

	YES	NO	IN PROCESS
4. The Collaborative entities have obtained approval from their respective Governance bodies to participate in ADRC development and implementation.	❏	❏	❏
5. The Collaborative has selected a designated person to lead or coordinate the development and implementation process.	❏	❏	❏

6. What types of functions do the Collaborative Operating Entities (COEs) currently deliver? (check all that apply)

❏ Information and assistance for long-term services and supports
❏ Public awareness and outreach
❏ Referral to appropriate services and providers
❏ Counseling (options counseling/benefits counseling)
❏ Functional level of care screening
❏ Crisis Intervention

❏ Financial eligibility screening
❏ Financial eligibility determination
❏ 24/7 coverage
❏ Case Management
❏ Other *(specify)*:_____
   _____
   _____
   _____

7. Which target populations do the Collaborative currently serve? (check all that apply):

❏ Public Pay
❏ Private Pay
❏ Adults under 60yrs
❏ Adults 60 and over
❏ Adults with physical disabilities
❏ Adults with intellectual/developmental disabilities
❏ Adults with sensory disabilities
❏ Adults with cognitive impairment

❏ Adults with Traumatic Brain Injury
❏ Adults with mental health diagnoses
❏ Adult with substance abuse diagnoses
❏ Residents & families in Long-Term Care facilities
❏ Family and Informal Caregivers
❏ Children with special needs
❏ Other:_____
❏ Other:_____

WORKING COLLABORATIVE INFRASTRUCTURE

	YES	NO	IN PROCESS
8. A Collaborative workgroup has been formed and meets regularly to discuss how ADRC functions are aligned with the current missions and cultures of all agency partners in serving the needs of the community.	❏	❏	❏
9. The Collaborative has identified forums, meetings, standing committees, or councils where inter-agency activity and partnerships are already in place that can serve as a foundation for ADRC development.	❏	❏	❏

WORKING COLLABORATIVE INFRASTRUCTURE (continued)

	YES	NO	IN PROCESS
10. The Collaborative has developed a strategic plan for implementation and governance of the ADRC.	❐	❐	❐
11. The Collaborative has established an independent governance body representing consumers, service providers, and stakeholders of all target populations; consumers make up a significant percentage (not less than 33%) of the governance body representatives.	❐	❐	❐
12. Minutes and other documentation reflect the Collaborative is committed to developing an ADRC.	❐	❐	❐
13. The Collaborative has addressed how ADRC funding will be appropriately distributed to maximize the efficiency of partnerships.	❐	❐	❐
14. A formal partnership will be established between the Collaborative and the NCcareLINK Hub in the area(s).	❐	❐	❐

REQUIRED ADRC FUNCTIONS

Awareness & Information	ADRCs must provide public education; and information on long-term support options.

	YES	NO	IN PROCESS
15. Does the Collaborative have a written **outreach and marketing plan** that takes into consideration culturally diverse, under served and un-served populations, their caregivers, and the professionals who serve them?	❐	❐	❐
16. Does the Collaborative have the capacity to inform consumers about where to access the full range of options for long-term services and supports?	❐	❐	❐
17. Is each COE familiar with NCcareLINK?	❐	❐	❐
18. Does each COE have strategies in place regarding utilization of NCcareLINK as a resource for obtaining information about other local entities that provide information and assistance?	❐	❐	❐
19. Do the majority of the COEs maintain an electronic participant-tracking database for <u>all</u> populations they serve?	❐	❐	❐
20. Does each COE resource database include information for both publicly assisted and private pay participants?	❐	❐	❐

	Assistance	ADRCs must provide long-term support options counseling; benefits counseling; and referral to other programs and benefits including employment options; crisis intervention; helping people to plan for their future long-term support needs (*referred to as "futures" counseling*).

	YES	NO	IN PROCESS
21. Does the Collaborative have the capacity to provide accurate and comprehensive long-term support options counseling to any individual who requests it?	❏	❏	❏
22. Does the Collaborative provide counseling to help individuals understand the options available and information about how to obtain the services, including assistance with referrals to the following services:			
Health Insurance Benefits (e.g., Medicaid, Medicare, Pharmacy Benefit)	❏	❏	❏
Income Support (e.g., Supplemental Security Income, Food & Nutrition Services *[food stamps],* Low Income Energy Assistance)	❏	❏	❏
Home Modification	❏	❏	❏
Employment	❏	❏	❏
Health, Promotion/Disease Prevention (e.g., Vaccinations, Cancer Screening)	❏	❏	❏
Transportation	❏	❏	❏
Mail-in and/or Electronic Adult Medicaid Application	❏	❏	❏
Assistive Technology	❏	❏	❏
Out-of-home (residential or day) Services and Supports	❏	❏	❏
Congregate Nutrition and Mobile Meals Programs	❏	❏	❏
Crisis/Emergency Services	❏	❏	❏
Services for Family and/or Informal Caregivers	❏	❏	❏
In-home Services	❏	❏	❏
Housing	❏	❏	❏
Other programs for individuals needing long-term services and supports (List):_____	❏	❏	❏
23. Can information be shared across agencies participating in the collaborative?	❏	❏	❏
24. Does the Collaborative have the ability to track referrals across multiple agencies?	❏	❏	❏
25. Does each COE utilize the NCcareLINK client referral tool?	❏	❏	❏

Assistance *(continued)*

	YES	NO	IN PROCESS
26. Does the Collaborative consistently conduct follow-up with the individual and/or service agency to determine the outcome of referrals and/or counseling?	❐	❐	❐
27. Does the Collaborative have the capacity to respond to situations requiring short-term coordination to support an individual until a plan for long-term support services is in place?	❐	❐	❐
28. Does the Collaborative provide "futures planning" and financial counseling by staff who possess the knowledge and skills to inform consumers on these topics?	❐	❐	❐

Access
Eligibility screening; assistance in gaining access to private-pay long term support services; that is integrated or closely coordinated with all public programs for community and institutional long-term support services.

	YES	NO	IN PROCESS
29. Does the Collaborative have a uniform entry process among all of its partners which is seamless to the consumer?	❐	❐	❐
30. Does the Collaborative use uniform criteria to assess risk of institutional placement, and for targeting individuals at high-risk for placement?	❐	❐	❐
31. Does the Collaborative have the capacity to track progress on the amount of time it takes for determining financial eligibility?	❐	❐	❐
32. What methods are used to provide ADRC functions? (mark all that apply)			
Web Based	❐	❐	❐
Phone	❐	❐	❐
Walk-in			
Email	❐	❐	❐
Home Visits	❐	❐	❐
Scheduled consultation in the office	❐	❐	❐
Other:_____	❐	❐	❐
33. Does each COE have a process for after-hours referrals?	❐	❐	❐
34. Does each COE (and their satellites) maintain regular operating hours and provide information, referral, and assistance during those hours?	❐	❐	❐

		YES	NO	IN PROCESS

35. Is each COE accessible to people with the following disabilities? *(Mark all that apply)*

	YES	NO	IN PROCESS
Physical	❐	❐	❐
Intellectual/developmental	❐	❐	❐
Hearing	❐	❐	❐
Cognitive	❐	❐	❐
Visual	❐	❐	❐
Other:_____	❐	❐	❐

36. Has each COE identified private meeting areas where individuals can discuss confidential matters? ❐ ❐ ❐

37. When ADRC functions are conducted in physical locations, are those sites welcoming, highly visible and accessible for individuals who come for assistance? ❐ ❐ ❐

38. Does the Collaborative have a process in place for notification and follow up with participants who are determined <u>ineligible</u> for public programs or services? ❐ ❐ ❐

39. Does the Collaborative have a process in place for notification and follow up with participants who are on the <u>wait list</u> for public long-term services and support programs? ❐ ❐ ❐

40. Does the Collaborative have a process for financial and functional eligibility screening for public programs coordinated with staff of appropriate agencies? ❐ ❐ ❐

ADRC CORE PROGRAM COMPONENTS

Critical Pathways to Long-Term Support	ADRCs will create formal linkages between and among the critical pathways to long-term support.

	YES	NO	IN PROCESS
41. The Collaborative has "formal linkages" to the medical and health care community which include:			
Providing training and education about the ADRCs to hospitals and other medical and health care providers	❏	❏	❏
Involving hospitals and medical providers in an advisory capacity	❏	❏	❏
Establishing referral protocols with hospitals and LTC facilities	❏	❏	❏

Partnerships & Stakeholder Involvement	ADRCs must meaningfully involve stakeholders, including consumers, in planning, implementation, and evaluation activities.

	YES	NO	IN PROCESS
42. The COEs have protocols for information sharing within the Collaborative.	❏	❏	❏
43. The COEs have protocols for cross training of staff within the Collaborative.	❏	❏	❏
44. Does the Collaborative have a process for mutual referrals and protocols with:			
Disability services agencies	❏	❏	❏
Aging services agencies	❏	❏	❏
Senior Health Insurance Information Program (SHIIP) counselors	❏	❏	❏
Chapters of the Alzheimer's Association	❏	❏	❏
Regional Long Term Care Ombudsmen	❏	❏	❏
Adult Protective Services (APS) and Child Protective Services (CPS) staff to ensure consistency with referrals	❏	❏	❏
Developmental Disability services agencies	❏	❏	❏
Mental health/substance abuse services agencies	❏	❏	❏
Crisis Intervention	❏	❏	❏
Public Benefits	❏	❏	❏

ADRC Program Components *(continued)*

IT/MIS	The ADRC will have a management information system that supports the functions of the programs including tracking participant intake, needs assessment, referrals, utilization, and costs.

	YES	NO	IN PROCESS
45. The Collaborative has the capability to provide reports on the following:			
Number of unduplicated participants *(individuals with whom a screening tool was used)* YTD	❏	❏	❏
Number of participant referrals for current month	❏	❏	❏
Name and type of participant referral (e.g. agency, individual, etc.)	❏	❏	❏
Number of participant referrals by age group	❏	❏	❏
Types of ADRC functions provided	❏	❏	❏
Average length of time required to determine financial eligibility	❏	❏	❏
Average length of time required to determine functional eligibility	❏	❏	❏
Information regarding level of need and preferred support requested	❏	❏	❏
Disposition/placements (e.g., waiver, institution, etc.)	❏	❏	❏
Number of complaints, grievances, and resolutions	❏	❏	❏
46. Each COE has established an efficient process for sharing referral information through electronic exchange with internal or external entities from intake to service delivery.	❏	❏	❏

ADRC Program Components *(continued)*

	YES	NO	IN PROCESS
47. Each COE has policies, which are readily shared with consumers addressing procedures for consumer complaints and grievances.	❏	❏	❏
48. The Collaborative has a quality improvement plan to ensure continuous program improvement, using performance measures for ADRC functions and quality indicators.	❏	❏	❏
49. The Collaborative has jointly established performance measures based on agreed upon indicators.	❏	❏	❏
50. The Collaborative includes a consumer satisfaction component in its quality improvement program and uses this information to inform change and decision-making.	❏	❏	❏

51. The Collaborative is considering the following measures as part of its QI plan:

	YES	NO	IN PROCESS
• Reduction in the average time from first contact to financial and/or functional eligibility determination for publicly funded home and community-based services	❏	❏	❏
• Diversions and transitions (i.e., # nursing home diversions attempted and # of successful diversions; # nursing home relocations to community completed)	❏	❏	❏
• Percentage of participants requesting services who received them	❏	❏	❏

ADRC Program Components *(continued)*

Staffing and Resources	Capacity, quality, and any conflicts of interest have been addressed. Specialized training/gaps identified. Private and public funding opportunities are pursued to create sustainable programs.

	YES	NO	IN PROCESS
52. The Collaborative has implemented training, staff development, and educational programs to ensure staff competencies are acquired and maintained to serve all populations.	❏	❏	❏
53. The Collaborative has a process in place to provide interagency staffing for complex individual or system issues.	❏	❏	❏
54. The Collaborative has adequate capacity to assist participants in a timely manner with long-term support requests and referrals, including referrals from medical care providers.	❏	❏	❏
55. The Collaborative has formed a subcommittee to identify public funding opportunities and/ or other resources to be pursued to sustain the ADRC after the grant-funded phase.	❏	❏	❏
56. When ADRC functions occur in more than one COE, an individual is designated to ensure the quality processes of ADRC functions are delivered by that agency.	❏	❏	❏

COLLABORATION

List the organization(s) providing information for this readiness assessment.

	Organization:	Contact Person:	Phone #:	Fax #:	E-mail:
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____
F.	_____	_____	_____	_____	_____
G.	_____	_____	_____	_____	_____
H.	_____	_____	_____	_____	_____
I.	_____	_____	_____	_____	_____

Use additional space if needed.